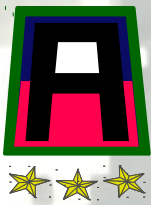


Evaluating a Casualty

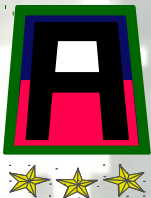




Evaluating a Casualty



- Evaluating a Casualty is performed during the Tactical Field Care phase
- Ensure that the tactical situation allows for time to perform these steps before initiating any medical procedures
- When evaluating and/or treating a casualty, seek medical aid as soon as possible. Send



NBC Warning!



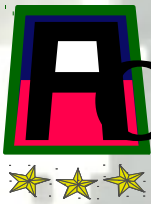
If there are any signs of nerve agent poisoning, stop the evaluation, take the necessary NBC protective measures, and then resume appropriate first aid measures





Approach the Casualty

- **Approach the casualty by the safest route. Is the scene safe from enemy, IED's, burning vehicles ?**
- **Form a general impression as you approach the casualty (mechanism of injury, extent of injuries, chance of survival)**



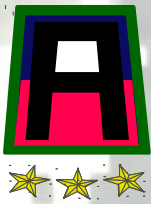
Check for Responsiveness & Determine LOC

- **Gently shake or tap the casualty on the shoulder and ask in a loud, but calm, voice: “Are you okay?”**
- **Determine level of consciousness by using AVPU**

A - Casualty is alert, knows who he is, SSN, unit, etc.

V - Casualty is not alert, but does respond to verbal commands

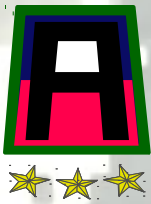
P - Casualty responds to pain, but not verbal



Determine LOC

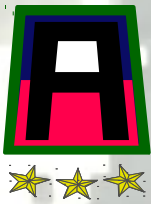


- **If the casualty is conscious ask questions that require more than a "yes" or "no" answer, such as, "What is your name? What is your SSN (use their ID tags? What is your PSG's name?" Ask him/her where it hurts**
- **If unconscious, position the casualty. Always roll the casualty towards you.**



Position the Casualty

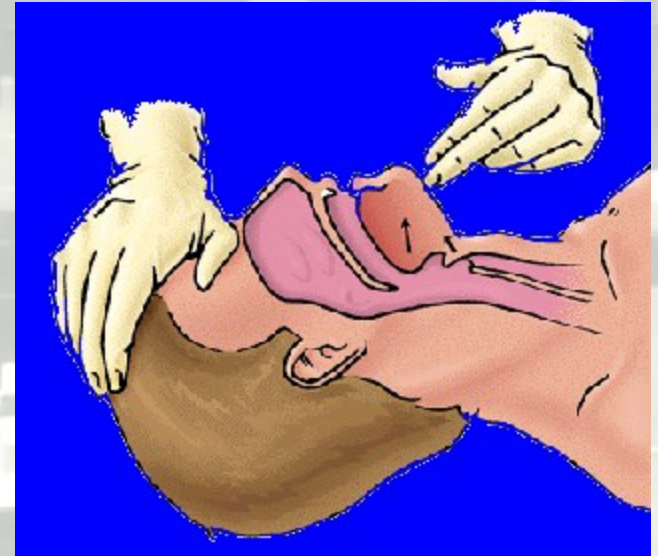
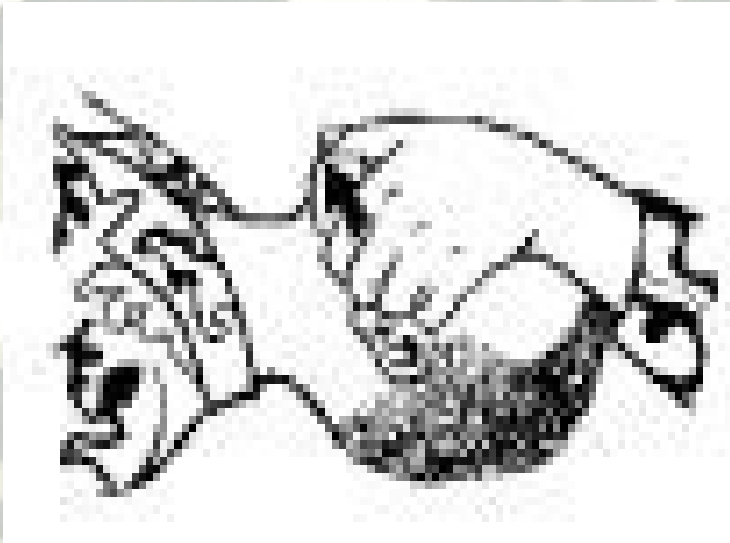


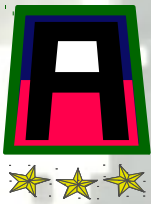


Open the Airway



- **If you suspect head or neck injuries, use the jaw thrust method to open the airway. Otherwise, use the head-tilt/chin-lift method.**



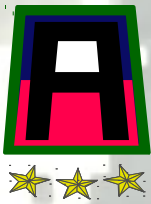


Check for Breathing



- Look for rise and fall of chest and abdomen
- Listen for sounds of breathing
- Feel for breath on the s of your face

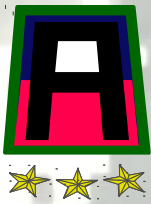




Check for Breathing



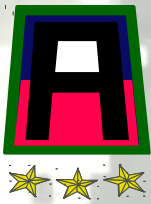
- **If the casualty is breathing, insert a nasopharyngeal airway and place the casualty in the recovery position**
- **Note: On the battlefield the cost of attempting cardiopulmonary resuscitation (CPR) on casualties with what are inevitably fatal injuries may result in additional lives lost as care is diverted from casualties with less severe injuries. Only in the case of non-traumatic disorders such as hypothermia, near drowning, or electrocution should CPR be considered prior to the CASEVAC phase**



Check for Chest Injuries

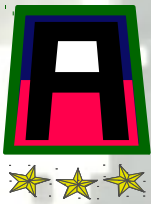


- **Expose the chest and check for equal rise and fall and for any wounds**
- **If the casualty has a penetrating chest wound, and is breathing or making an effort to breathe, stop the evaluation to apply an occlusive dressing**
- **Monitor for increasing respiratory distress. If this occurs, decompress the chest on the same side as the injury and position the casualty appropriately**



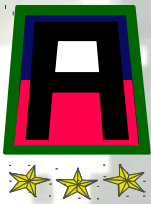
Check for Bleeding

- **Look for blood soaked clothes and remove minimum of clothing required to expose and treat injuries. Protect casualty from the environment (heat and cold)**
- **Look for entry and exit wounds**



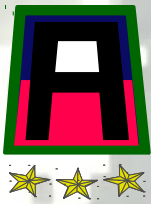
Check for Bleeding

- **Place your hands behind the casualty's neck and pass them upward toward the top of the head. Note whether there is blood or brain tissue on your hands from the casualty's wounds**



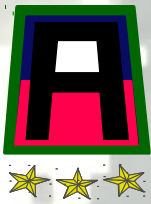
Check for Bleeding

- **Place your hands behind the casualty's shoulders and pass them downward behind the back, the thighs, and the legs. Note whether there is blood on your hands from the casualty's wounds**



Check for Bleeding

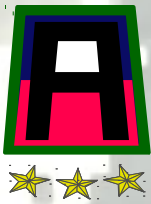
- **If life-threatening bleeding is present, stop the evaluation and control the bleeding. Apply a tourniquet, an emergency trauma dressing, or pressure dressing as appropriate**



Provide Additional Care



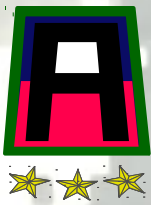
- **If time and the tactical situation permit, treat all other injuries (fractures, burns, minor tissue damage)**



Provide Additional Care



- **Send a soldier to find a Combat Medic**
- **Monitor the casualty until the Combat Medic arrives**
- **Reassure the casualty**
- **If mission allows, provide assistance to the Combat Medic**

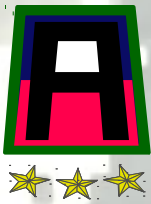


Provide Additional Care

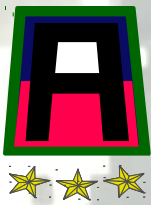


- **Fill out a field medical card (DD Form 1380) and request evacuation (MEDEVAC request)**
- **Act as a leader of**
- **Ride with casualty**





Check On Learning

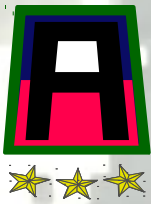


CHECK ON LEARNING

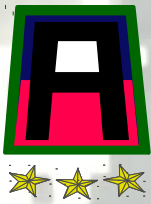
Evaluating a Casualty



- You are going to the aid of an injured soldier. You are under fire. What should be your first action?
Scan the area for possible dangers.
- When should you plan to move a wounded soldier out of enemy fire?
Before you leave your place of safety to go to the wounded soldier.
- When evaluating a casualty, the casualty should be in what position?
On his back (supine).
- Which of the following should you treat first if exposed to enemy fire: Severe bleeding or breathing difficulties with a penetrating chest injury?
Severe bleeding.



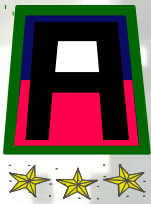
Summary



Summary

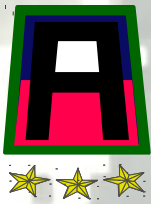
Circumstances in which you should not treat a casualty while you are under enemy fire:

- Your own life is in imminent danger
- Other Soldiers in area require more urgent treatment
- The casualty does not have vital (life) signs (breathing, pulse)



Summary

- **The casualty's injury is not survivable without immediate evacuation to a medical treatment facility and such evacuation is not possible**
- **Penetrating head trauma with brain tissue exposed**
- **Severe burns covering a large part of the body**
- **Mutilating blast injuries**



**QUESTION
S?**